



Hibbs-Hallmark & Co. Insurance
 P.O. Box 8357 | Tyler, TX 75711
 (800) 765-6767 | (903) 581-5988 Fax

CAMP INSURANCE APPLICATION

1. **GENERAL INFORMATION**

Name of Insured (as will appear on policy): _____
 Doing business as: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Contact Person: _____ FEIN#: _____
 Person is: Owner Promoter Agent Other: _____
 Camp Season Phone: _____ Off Season Phone: _____ E-mail: _____
 Camp Web site: _____

2. Name of Agency/Brokerage: _____
 Contact Person: _____ E-mail: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____

3. Insured is: Corporation Partnership Joint Venture For Profit 501 3C Non Profit
 Other (explain): _____

4. Number of years in business: _____ Number of years under present management: _____
 State the location in which the organization is headquartered/chartered: _____

5. Policy period requested: From: _____ To: _____

6. Has your coverage ever been cancelled or non-renewed? Yes No If so, why: _____

7. **COVERAGE INFORMATION**

ADDITIONAL INSURED	RELATIONSHIP	ADDRESS

8. Location of camp: _____
 Location of off-premises office: _____
 Is off-premises office located in a commercial building or residence? _____

9. List all other operations of the named insured, that are not camp related (ie. missionary work, school, nursery or day care program, church operations, etc.): _____

10. Is the camp accredited by: **ACA:** Yes No **CCCA:** Yes No **Other:** _____
 Are the camp directors accredited? Yes No

If yes by whom: _____

11. Type of camp (Check all that apply):
 Day Camp Resident Camp Travel Camp Sports Camp Special Needs Adult

Date camp opens: _____ closes: _____

Camper days: **A.** Average number of campers per day: _____
B. Number of days per week: x _____
C. Number of weeks per year: x _____
Total Number of camper days (A x B x C) = _____

- If more than one camp or more than one location, please attach on additional sheet of paper and list each separately.

Would you like a quote for Sexual Abuse and Molestation Coverage (if eligible)? Yes No

If yes, please complete the Abuse & Molestation / Sexual Misconduct Application

Are any camp sessions designed for those with physical or mental handicaps, challenges or illnesses? Yes No

If yes, explain: _____

14. **TRANSPORTATION**

Is camp responsible for campers transportation to and from camp? Yes No
 General Description of driving operations (to/from camp including pick up points, field trips, special events): _____

Do you allow any camp employees or volunteers to transport campers in their personal vehicles on an ongoing, non-emergency basis? Yes No
 If yes, please complete the Employee/Volunteer Transportation Questionnaire.

Does camp hire: Vans Buses Other

Annual cost to hire vehicles:

A. Where the camp must insure the vehicle \$ _____ (Primary)

B. Where the lessor insures the vehicle \$ _____ (Excess) *

*Please be sure to collect a certificate of insurance evidencing automobile liability coverage and naming camp as additional insured.

For all owned, hired or non-owned vans or buses used in the camp operation, please complete the following:

Vehicle Type	# of Units	% of Trips Radius 0-50 Miles	% of Trips 51-200 Miles	% of Trips over 200 miles
9-20 seats	_____	_____	_____	_____
21-60 seats	_____	_____	_____	_____
Over 60 seats	_____	_____	_____	_____

Minimum age of drivers who transport campers? _____

Minimum age of drivers not transporting campers? _____

Please describe driver training: _____

Is a formal safety program in place? Yes No

If yes, please describe including how often regular meetings are conducted: _____

Is management involved in daily operations? Yes No

Who is responsible for vehicle maintenance? _____

Does the applicant have a written maintenance program? Yes No

Does the applicant follow daily DOT inspection procedures? Yes No

Are service records of each vehicle maintained on a daily basis? Yes No

Where are vehicles stored? _____

Type of storage, including notes on inside or outside and security measures for storage area: _____

Are vehicles loaned or given to employees for personal use? Yes No

Do you own or operate 15 passenger vans buses? Yes No

If yes, please describe safety procedures, specifically with regard to top loading and/or trailer pulling: _____

15. **ACTIVITIES**

Are any of the following activities provided by the camp (Additional underwriting information may be required)?

YES ACTIVITY

- Adventure program
- Alpine skiing
- Archery ranges, # _____
- ATVs/dirt bikes (Supplemental required)
- Bicycling
- Back packing
- Caving
- Circus activities
- Cross country skiing
- Farming
- Fireworks (Supplemental required)
- Field sports
- Gymnastics

YES ACTIVITY

- Go-karts (Go-Kart Operations Minimum Underwriting Guidelines required)
- Hayrides (Supplemental required)
- Inflatable elements, # _____
- Jumping pad/pillow (Supplemental required)
- Mountain boarding
- Paintball (Supplemental required)
- Petting zoo
- Rappelling
- Rifle ranges, # _____
- Rock climbing/climbing wall
- Rope courses
- Saddle animals

YES ACTIVITY

- Skateboarding ramps/jumps
- Skin or scuba diving (Supplemental required)
- Snow tubing/Sledding (Supplemental required)
- Trampolines, # _____ (Supplemental required)
- Bungee trampolines, # _____
- Tubing
- Water skiing
- Waterslides over 15' in height, # _____
- Whitewater canoeing/kayaking/rafting
- Zip lines, # _____
- Other _____
- Other _____

Does camp have a safety plan for all activities checked? (If yes, attach copy) Yes No

Does camp contract with others for program services for any of these activities? Yes No

If yes, please explain: _____

Are certificates of insurance provided (If yes, attach sample)? Yes No

Are any contracts signed with these groups (If yes, attach copies)? Yes No

Do any activities take place off the camp premises? Yes No

If yes, please explain, including explanation of transportation: _____

16. **INFLATABLE ELEMENTS** N/A (ie: moonbounce, water trampoline, iceberg, blob, soft play courses/wibits, etc...)

Type of inflatable (official name): _____

Average number of participants/campers for each inflatable: _____

Age group for each inflatable: _____

Are inflatables: Owned Leased/Rented

Are inflatables: Kept on premises Taken off premises Both

Are all employees/lifeguards trained in the operation rules of the inflatable element usage? Yes No

Are rules posted for all users? Yes No

How will the unit(s) be protected from unauthorized use? _____

Are there any requirements to enter the inflatable? (removal of shoes, glasses, etc.) _____

Are there any restrictions in place for inclement weather? (ie: wind, rain, etc.) Yes No

If yes, please explain: _____

Confirm that NO inflatable will be set up outdoors, if wind gusts exceed 20 mph on the day of operation? Yes No

17. **SPECIFIC TO WATER BASED INFLATABLE ELEMENTS ONLY** N/A

Are the element(s) maintained at all times (when in use) in at least 6' of water? Yes No

Are the element(s) supervised at a ratio of at least 1 lifeguard to 4 patrons? Yes No

Will diving off any of the element(s) be permitted? Yes No

Are lifejackets required? Yes No

Are the units permanently anchored in the lake/body of water? Yes No

Will any element(s) be pulled by a motorboat? Yes No

Softplay/Wibits – required photos of each element (include with submission) and describe each element: _____

18. **SADDLE ANIMALS** N/A

Number owned or leased: _____ Used at outside stable: _____

If subcontracted, are certificates of insurance naming camp as additional insured required? Yes No

Are limits of \$1,000,000 required? Yes No

If no, explain: _____

Is safety equipment (e.g. helmets, heeled boots, long pants, etc.) required? Yes No

Are horses available for riding during leased periods? Yes No

If yes, please explain: _____

Are instructors CHA certified? Yes No

Are all saddle animals vaccinated? Yes No

19. **PETTING ZOO** N/A

What kind of animals? _____

Are all animals properly vaccinated? Yes No

Is there a hand washing station? Yes No

If no, explain: _____

20. **WATERSLIDE** (over 15 feet in height) N/A Number of waterslides: _____

Are there attendants at the top and bottom of the slide(s) to monitor and space participants? Yes No

What is the height of each slide? _____

What is the length of each slide? _____

Is the slide maintained by a qualified maintenance person? Yes No

Is head first sliding allowed? Yes No

Are there signs posted to instruct patrons on proper behavior and riding techniques? Yes No

If yes, where: _____

21. **IF CAMP UTILIZES A POOL:** N/A

Total number of pools: _____

Is it open to members of the public? Yes No

Maximum depth of swimming area: _____

Is it fenced? Yes No Height: _____

Are depth markings clearly visible in and around the pool? Yes No

Number of diving boards: _____ Height: _____

Depth of water at diving board entry: _____

Is a lifeguard provided? Yes No

If yes, ratio of swimmers to lifeguards: _____

Are lifeguards certified? Yes No

If yes, by whom: _____

Are rules posted at the pool area? Yes No

Any nighttime swimming allowed? Yes No

If yes, is pool lighted? Yes No

IF CAMP UTILIZES A LAKE, POND OR RIVER: N/A

Total number of lakes, ponds or rivers: _____

Is it open to members of the public? Yes No

Maximum depth of swimming area: _____

Is swim area roped off? Yes No

Is signage posted clearly stating the depth of water and the rules for the lake/pond? Yes No

Number of diving boards: _____ Height: _____

Depth of water at diving board entry: _____

Is a lifeguard provided? Yes No

If yes, ratio of swimmers to lifeguards: _____

Are lifeguards certified? Yes No

If yes, by whom: _____

Rescue vehicle available? Yes No

Any nighttime swimming allowed? Yes No

If yes, describe lighting: _____

Are there other bodies of water on premises (*not just those normally utilized*) and are there depth markings, signage, barriers, and/or general supervision utilized to prevent unauthorized use? Yes No

Does your pool(s) meet the requirements of the Title XIV of Public Law 110-140, known as the "Virginia Graeme Baker Pool and Spa Safety Act" as enacted on 12-18-08? Yes No

22. **TUBING, RAFTING, CANOEING, KAYAKING, SAILING OR BOATING** N/A

If your camp provides any of the following activities, please **list the NUMBER of boats in each category** below:

_____ Canoes, rowboats, kayaks, paddleboats, SUPs

_____ Sailboats

_____ Personal Watercraft
(e.g. Jet Skis, Waverunners, etc.)

_____ Motorboats under 76 HP

_____ Motorboats over 76 HP

_____ Are any boats over 21' in length?

Explain uses for powered boats and personal watercraft: _____

Are lifejackets, etc. required to be worn by each participant during all water activities? Yes No

Are campers always accompanied by qualified counselors? Yes No

Are campers ever permitted to operate motorized boats? Yes No

Are lifeguards always in attendance during these activities? Yes No

Is area restricted to campers only during these activities? Yes No

23. **WHITewater** N/A

What type: Raft Kayak Canoe Tube

Instructors qualifications or outfitter used: _____

If outfitter, do you obtain certificate of insurance? Yes No

Are you named as Additional Insured on guide's insurance? Yes No

Completely describe any "whitewater" exposures: _____

24. **GYMNASTICS** N/A

Floor exercises only? Yes No

List all apparatus used: _____

Is counselor/instructor a certified USGA gymnastics instructor? Yes No

If so, do you require a copy of the certificate? Yes No

If not, explain the instructor's qualifications _____

25. **ROPES COURSES/ZIP LINES** N/A

Completely describe the area and type of high/low elements: _____

Is the course inspected annually by a certified independent consultant (ACCT/PVM; AEE; PRCA)? Yes No

By whom (name of ACCT/PVM; AEE; PRCA, vendor used)? _____

Describe staff training (by whom, how often, confirmation that all ropes course staff are included in the training): _____

26. **SKATEBOARDING/SKATEPARK** N/A

Is safety equipment (helmet, knee pads, elbow pads, etc.) required? Yes No

If elements/obstacles are present (ramps, rails, boxes, banks, quarterpipes, etc.) please describe and indicate size of each? _____

If halfpipe, indicate height: _____

How is skatepark protected from unauthorized usage? _____

27. **CLIMBING WALLS/ROCK CLIMBING/RAPPELLING** N/A

NUMBER of indoor climbing walls: Stationary/permanent: _____ Moveable: _____

NUMBER of outdoor climbing walls: Stationary/permanent: _____ Moveable: _____

List equipment used: _____

List counselors/instructors qualifications: _____

28. **CAVING** N/A

Cave type: Vertical Horizontal

If vertical, how deep? _____

Has the cave been approved for safety? Yes No

29. **ARCHERY** N/A

Does the archery range include arrow stops and a supplemental backstop or specific safety zones behind targets? Yes No

Are there clearly delineated rear and side safety buffers? Yes No

Are there clearly defined shooting lines/lanes? Yes No

Do archery activity leaders use clear safety signals and range commands to control activity at the shooting line and during the retrieval of bows & targets? Yes No

Are bows and arrows locked up when not in use? Yes No

Explain any 'no' answers: _____

30. **RIFLE/PELLET/AIR GUN** N/A

Does camp require redundant storage of all firearms & ammunition, including requiring locations or access systems? Yes No

Does the shooting range include bullet traps and a supplemental backstop or specific safety zones behind targets? Yes No

Are there clearly delineated rear and side safety buffers? Yes No

Are there clearly defined firing lines/lanes? Yes No

Do riflery activity leaders use clear safety signals and ranges commands to control activity at the firing line and during the retrieval of targets? Yes No

Explain any 'no' answers: _____

■■■■■■■■■■■■■■■■■■■■ PLEASE BE SURE TO ATTACH THE FOLLOWING WITH THE APPLICATION ■■■■■■■■■■■■■■■■■■■■

- A.** Camp brochure/literature defining activities (if no camp website).
- B.** Schedule of events/activities or calendar of camp season (if no camp website).
- C.** Company copies of loss history for last five (5) years.
- D.** Diagram, map or photos of camp including any natural or man-made hazards.
- E.** Copy of operations manual (including safety, medical and emergency procedures) and employee/staff training manual.
- F.** Brief resume of camp management personnel (required when camp ownership, operation or management has changed within the past 12 months).
- G.** Copy of staff application and, when applicable, background check consent form (if not on camp website).
- H.** Copy of camper registration form (if not on camp website).
- I.** Copy of camp acknowledgment of risk and consent form for campers (if not on camp website).
- J.** Copy of medical permission slip for campers (if not on camp website)
- K.** Copy of contract or lease agreement used for lessors of premises, if applicable.
- L.** Copy of certificate of insurance from transportation company, naming camp as additional insured is required if Excess Hired Auto coverage is provided.
- M.** Copy of most recent ropes course/zipline inspection.
- N.** Auto schedule must include seating capacity for each scheduled van or bus.
- O.** Appropriate Questionnaire/Supplemental Application when the insured has any of the following: ATV/Snowmobile/Dirt Bikes; Employee Transportation in Personal Vehicles; Fireworks; Go Karts; Hayride; Jumping Pad/Pillow; Paintball; Scuba/Skin Diving; Snow Tubing/Sledding; Trampolines
- P.** Workers Compensation Supplemental (if coverage to be quoted)

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YYYY)

Date (MM/DD/YYYY)



ABUSE & MOLESTATION/ SEXUAL MISCONDUCT APPLICATION

Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

You are required to attach this to completed ACORD FORMS 125 & 126 or other company approved application. To answer a question below, check your response or complete the appropriate information. If you need additional space, please attach a separate sheet of paper to complete your response.

1. Does the Applicant have written procedures and a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off the premises? Yes No
2. The Applicant's organization has a written "zero tolerance" sexual and physical abuse or molestation policy? Yes No
If yes, please attach a copy
 - a. If yes, does the written policy include:
 - i. Definition of sexual and physical abuse/molestation? Yes No
 - ii. Incident reporting procedures? Yes No
 - iii. Investigation procedures? Yes No
 - iv. Disciplinary procedures? Yes No
 - v. Retaliation warning? Yes No
 - vi. Requirement for annual review and signoff by each employee, volunteer, and/or independent contractor affirming they have read the policy, have received appropriate training and agree to adhere to the policy? Yes No
 - b. Are procedures in place to monitor the implementation and on-going execution of this policy? Yes No
3. Does the Applicant's employment process include a criminal background check on all employment candidates, whether direct employee or independent contractor, to determine if the individual has ever been convicted of any crime, including sex-related or child abuse-related offenses, before an offer of employment is made? Yes No

Please identify and explain any current employees who are not subject to criminal/sex offender registry background checks:

Who is your vendor for the Criminal Background and Sex Offender Registry checks? _____

4. Does the Applicant verify employment-related references? Yes No
5. Does the Applicant conduct personal interviews? Yes No
6. Is there a formal policy regarding staff training on:
 - a. Appropriate and inappropriate physical contact with clients or children? Yes No
 - b. Appropriate and inappropriate verbal interactions with clients or children? Yes No
 - c. Appropriate and inappropriate electronic communications with clients or children? Yes No
 - d. Appropriate and inappropriate interactions with clients or children outside of regularly scheduled business activities? Yes No
 - e. Recognition of the signs of abuse or molestation? Yes No

7. Does any employee or independent contractor
- a. have one-on-one access to clients or children in a closed door or transportation setting? Yes No
 - b. physically touch another person as part of their job responsibilities? Yes No
- If yes, please explain: _____
-
8. Please indicate the age range of clients, patrons, students, or populations served (check all that apply):
- 0 - 18 years of age 18 – 25 years old 25 – 50 years old over 50 years old All
9. Has the Applicant's organization ever had an incident which resulted in an allegation of sexual misconduct or abuse or molestation? Yes No
- If yes, please describe: _____
-
- a. Was a suit brought against the organization? Yes No
 - b. Was the case settled? Yes No
 - c. Was the case taken to trial? Yes No
 - d. How much money was paid as damages to the victim? _____
10. Regarding coverage for abuse and molestation, does your current insurance program provide abuse or molestation coverage? Yes No
11. Additional remarks/information: _____
-
-
-

I HEREBY DECLARE THAT THE FOREGOING STATEMENTS ARE TRUE AND ACCURATE AND MAY BE RELIED UPON BY THE COMPANY/ UNDERWRITER FOR PURPOSES OF ISSUING THIS COVERAGE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

FOR MAINE APPLICANTS ONLY: THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS.

FOR UTAH APPLICANTS ONLY: THE APPLICATION AND ALL RELEVANT DOCUMENTS WILL BE ATTACHED TO THE POLICY AT THE TIME OF DELIVERY.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

Signature: _____ Date: _____

Applicant Name: _____

Title: _____

WORKERS' COMPENSATION INSURANCE APPLICATION

Name of Business: _____

Mailing Address: _____

Contact Person: Phone Number: _____

FEIN#: _____

Legal Status of Business: _____

Corporation 5013C Sole Prop. Partnership Other _____

Primary Work Location Address: _____

Proposed Effective Date: _____ Experience Modifier: _____

Employer's Liability Limits:

- \$100,000 / \$500,000 / \$100,000 (Statutory)
- \$500,000 / \$500,000 / \$500,000
- \$1,000,000 / \$1,000,000 / \$1,000,000

State(s) from which you operate:

Classifications	Estimated Annual Payroll
9015 Camp Operations	_____
8810 Clerical	_____
8809 Executive Officers	_____
8742 Outside Sales	_____
Other: _____	_____

Is a formal safety program in place? Yes No

Claims History (past 5 years): Request 3 or 5 year loss history from current agent and attach.

Signature

Date

COMMERCIAL AUTO INSURANCE APPLICATION

Name of Insured (as will appear on policy): _____

Policy period requested: From _____ To _____

Commercial Auto Coverage Information

* Please complete the attached Drivers Schedule for each possible driver (page 10).

* Please complete the attached Vehicle Schedule for all owned or leased vehicles (page 11).

Desired Limits for Liability and Uninsured/Underinsured Motorists: (check one)

\$500,000 CSL \$1,000,000 CSL

Desired Limit for Personal Injury Protection or Medical Payments: (check one)

PIP or Med Pay \$2,500 \$5,000 \$10,000

List ALL Auto Claims for the Past 3 Years: _____

Is Hired and Non-Owned Liability coverage desired? _____

It is understood and agreed that no insurance is in effect until this coverage request is accepted by the company or companies in writing.

Signature: _____ Date: _____

Title: _____

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or a request for coverage containing false, incomplete, or misleading information is guilty of a felony of the their degree.

LIST OF DRIVERS

Name	State	Drivers License #	Date Of Birth

VEHICLE SCHEDULE

Item	Year	Make & Model	Vin #	Cost	Liab	PIP	U/M	Comp Ded.	Coll Ded.
		<i>EXAMPLE</i>							
1	1998	CHEV ½ TON PICKUP	1GM4X63897214	21,000	X	X	X	500	500

PROPERTY INSURANCE APPLICATION

Name of Insured (as will appear on policy): _____

Policy period requested: From _____ To _____

Property Coverage Information

Please complete the attached Schedule (page 13) for each location described below:

Physical Location #1 Address: _____

Physical Location #2 Address: _____

Check coverages to apply:

Deductible: \$250 \$500 \$1,000 \$2,500

Cause of Loss: Basic Form Broad Form Special Form

Buildings &/or Contents: Blanket Scheduled

Business Income/Extra Expense Limit: _____

Mortgagee, Loss Payee, or Additional Insured: _____

It is understood and agreed that no insurance is in effect until this coverage request is accepted by the company or companies in writing.

Signature: _____ Date: _____

Title: _____

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or a request for coverage containing false, incomplete, or misleading information is guilty of a felony of the their degree.

PROPERTY SCHEDULE

Loc #	Bldg #	Description – including name, address, & occupancy	Year Built	Stories	Construction	Sq. Ft.	Bldg Limit.	Contents Limit
		<i>EXAMPLE</i>						
1	1	<i>Camp Office, 100 Main St</i>	1995	1	<i>Frame</i>	2500	112,000	10,000
1	2	<i>Dining Hall, 100 Main St.</i>	1990	1	<i>Brick</i>	3500	400,000	50,000

Types of Construction:
(F) Frame, (BV) Brick Veneer, (B) Brick, (ICM), (SFR) Semi Fire Resistive, (FR) Fire Resistive